SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 542428

(8)

PQ INVESTMENTS, INC.

FILED Jul 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 6333 W DOUGLAS AVE 6333 W DOUGLAS AVE MILWAUKEE WI 53218 MILWAUKEE WI 53218			Creates ares many plant state many along along digit state at \$100 along state.		
MICHADALE IVI 00210		militages in our		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifie	,
				08/08/1977	03/26/1996
2. Principal Place of Business 21 833 W. Main St.		2a. Mailing Address 26 833 W. N		4. FEI Number	Applied For
21 833 Suite, Apt.	20 1 11/0/(11	26 833 W. N Suite, Apt. #, etc.	nain St.	39-1279085	Not Applicable
22	π, Θ ιο.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Qity & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 (arn	nee IN	- 	U 9	Trust Fund Contribution	Added to Fees
Zip 24 4603	Country Hamilton	29 4603A 3	Country	8. This corporation owes or has	
24 460	9. Name and Address of Current		sof familian	Personal Properly Tax due Ju 10. Name and Address of New	
THE PRENTICE-HALL CORPORATION SYSTEM INC. B1 Name				TO: THE PLANT OF T	Tagent
1201 HAYS STREET			82 Street Add	draga (D.C. Boy Niyobay in Nat Assass	Achia)
	TE 105		62 Sileet Add	dress (P.O. Box Number is Not Accep	(able)
TALLAHASSEE FL 32301			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-named cor	rogation submits this statement for th	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corpora	ition's board of directors. I hereby acr	cept the appointment as registered
SIGNATURE	and and an analysis of the		or orangeo.		,
	Signature, typed or printed name of registered age:		Registered Agent signature requ		DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	QUINN, PAULA S	occir	12 NAME		Change Addition
STREET ADDRESS	833 WEST MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IL 46032-1464		1.4 CITY-ST-ZIP		
TITLE		☐ DELET E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET AODRESS		
CITY-ST-ZIP		T DELETE	2. 4 CITY-ST-ZIP		
TITLE		☐ DELET E	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		L Change L Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		E-J PELLIE	6.2 NAME		En original En volution
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		i
	by certify that the information supplied	with this filing does not qualify		d in Section 119.07(3)(i). Florida Statu	ites. I further certify that the

GNATURE:
White the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

GNATURE:

ONLY 1970 317/574-4700